

**APPLICATION FOR LICENSING MASSAGE THERAPISTS**

**NAME:** \_\_\_\_\_

**PRESENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMANENT MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS TELEPHONE:** \_\_\_\_\_

**HOME TELEPHONE:** \_\_\_\_\_

**IN ACCORDANCE WITH TOWN CODE SECTION 12-64 – LICENSING OF MASSAGE THERAPISTS:**

1. Please attach proof of state license from the North Carolina State Board of Massage and Bodywork.
2. If applicant is to work under supervision of licensed physician: Please attach scope of services from the licensed physician.
3. If applicant is not to work under supervision of licensed physician: Applicant must adhere to following hours of operation:
  - (1) No person licensed as a massage therapist under this section shall massage or treat any person, or engage in the business or profession of massage, before 8:00 a.m. Or after 12:00 midnight, prevailing time.
  - (2) No person licensed under this section shall admit customers or prospective customers, or remain open for business, or allow, permit or condone any massage or treatment of any person before 8:00 a.m. Or after 12:00 midnight, prevailing time.
  - (3) No person in charge of managing a massage business shall allow, permit or condone any massage or treatment of any person before 8:00 a.m. Or after 12:00 midnight, prevailing time.

\_\_\_\_\_  
**Signature**

NOTARY \_\_\_\_\_

DATE \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

SEAL